

Collection Point: Entry
Projects/grants: HUD - VASH
Clients who are: Children (Under 18)

"*" Required Fields

1 Client Demographics

				<u> </u>	
First Name:*	Last	: Name:*			
Middle Name:	Suffix:	HoH: *	k		
Name Data Quality:*	Social Security Number:*		Birthdate:*		
☐ Full Name Reported	☐ Full SSN Reported		☐ Full DOB	Reported	
☐ Partial, or Street Name	Approximate or Partial SSN		☐ Approximate or Partial DOB		
☐ Client Doesn't Know	☐ Client Doesn't Know		☐ Client Doesn't Know		
☐ Client Refused	☐ Client Refused		☐ Client Ref	used	
☐ Data Not Collected	☐ Data Not Collected		☐ Data Not	Collected	
Gender:*	Race:* (Select all tha		7 -	Ethnicity:*	
☐ Male ☐ Female	☐ American Indian or Alaska Native		Hispanic/Latino		
Transgender Female to Male	☐ Asian ☐ Non-Hispanic/Latino				
Transgender Male to Female	☐ Black or African American	Client Doesn't Know			
Gender Non-Conforming (i.e. not	☐ Native Hawaiian or Other Pacific Islander ☐ Client Refused				
exclusively male or female) Client Doesn't Know	White		Data Not	Collected	
☐ Client Refused	Client Doesn't Know				
☐ Data Not Collected	☐ Client Refused ☐ Data Not Collected		Relationship t	o Head of Household:*	
	Data Not Collected		J		
If Female, Pregnancy Status:*			☐ Spouse ☐ Daughter	-	
Yes Due Date:			Son		
☐ Client Doesn't Know			☐ Depende	nt Child	
Client Refused			1-	mily Member	
☐ Data Not Collected			1—	n-Family Member	
	2 Project Enro	llment		·	
Project Start Date:*	Case Mana	ger:			
2 Fatar Assessment					
3 Entry Assessment			4 He	alth Insurance:*	
Disabling Condition:* Yes					
□ No	Covered by Health I	nsurance: *	Yes	∐ No	
☐ Client Doesn't Know	☐ Client Do	pesn't Know	Client Refused	☐ Data Not Collected	
☐ Client Refused	If client has Health	Insurance, che	eck all that ap	ply below:	
☐ Data Not Collected	☐ Private	☐ State Childre	en's Health Insur	rance Program S-CHIP	
	☐ Private - Employer ☐ Military Insurance				
	☐ Private - Individual ☐ State Funded				
	☐ Medicare ☐ Combined Children's Health Insurance/Medicaid				
		Program			
	☐ Medicaid		th Service (IHS)		
	Health insurance obtained	☐ Other Publi	С		
	through COBRA				



Identify whether a client has each individual barrier or not. Please select a status for each barrier, and if "Yes" is selected, answer follow-up question on the right.

Alcohol Abuse*			ntinued and indefinite duration
Client Doesn't Know	If "Yes",		ability to live independently?:
\square Client Refused \square No \square	Yes answer	☐ No ☐ Yes	☐ Client Refused
☐ Data Not Collected	this:	☐ Client Doesn't Know	☐ Data Not Collected
Chronic Health Condition*			ntinued and indefinite duration
☐ Client Doesn't Know	If "Yes",	and substantially impairs a	bility to live independently?:
☐ Client Refused ☐ No ☐	Yes answer	☐ No ☐ Yes	☐ Client Refused
☐ Data Not Collected	this:	☐ Client Doesn't Know	☐ Data Not Collected
Drug Abuse*		Expected to be of long-cor	ntinued and indefinite duration
		II '	itilitied and indefinite duration ibility to live independently?:
Client Doesn't Know	If "Yes",		<u> </u>
l <u> </u>	Yes answer this:	□ No □ Yes	☐ Client Refused
☐ Data Not Collected		☐ Client Doesn't Know	□ Data Not Collected
Mental Health*		Expected to be of long-cor	ntinued and indefinite duration
Mental Health* ☐ Client Doesn't Know	If "Yes",		ntinued and indefinite duration ibility to live independently?:
☐ Client Doesn't Know	If "Yes", answer		
☐ Client Doesn't Know	1	and substantially impairs a	bility to live independently?:
☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ ☐ Data Not Collected	Yes answer	and substantially impairs a No Yes Client Doesn't Know	□ Client Refused □ Data Not Collected
☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ ☐ Data Not Collected Physical Disability*	Yes answer	and substantially impairs a No Yes Client Doesn't Know Expected to be of long-con	bility to live independently?: Client Refused Data Not Collected
☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ ☐ Data Not Collected Physical Disability* ☐ Client Doesn't Know	Yes answer this:	and substantially impairs a No Yes Client Doesn't Know Expected to be of long—con and substantially impairs a	bility to live independently?: Client Refused Data Not Collected ctinued and indefinite duration bility to live independently?:
☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ ☐ Data Not Collected Physical Disability* ☐ Client Doesn't Know ☐ Client Refused ☐ No ☐	Yes answer this:	and substantially impairs a No Yes Client Doesn't Know Expected to be of long—con and substantially impairs a No Yes	bility to live independently?: Client Refused Data Not Collected ntinued and indefinite duration bility to live independently?: Client Refused
☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ N	Yes answer this: If "Yes", answer	and substantially impairs a No Yes Client Doesn't Know Expected to be of long—con and substantially impairs a	bility to live independently?: Client Refused Data Not Collected Intinued and indefinite duration bility to live independently?: Client Refused Data Not Collected
☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ ☐ Data Not Collected Physical Disability* ☐ Client Doesn't Know ☐ Client Refused ☐ No ☐	Yes answer this: If "Yes", answer this:	and substantially impairs a No Yes Client Doesn't Know Expected to be of long—con and substantially impairs a No Yes Client Doesn't Know	bility to live independently?: Client Refused Data Not Collected ntinued and indefinite duration bility to live independently?: Client Refused
☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ N	Yes answer this: If "Yes", answer this:	and substantially impairs a No Yes Client Doesn't Know Expected to be of long—con and substantially impairs a No Yes Client Doesn't Know sdon't need to collect Client	bility to live independently?: Client Refused Data Not Collected Intinued and indefinite duration bility to live independently?: Client Refused Data Not Collected
☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ ☐ Data Not Collected Physical Disability* ☐ Client Doesn't Know ☐ Client Refused ☐ No ☐ ☐ Data Not Collected Developmental Disability*	Yes answer this: If "Yes", answer this: These two elements "Substantially important and the standard and t	and substantially impairs a No Yes Client Doesn't Know Expected to be of long—con and substantially impairs a No Yes Client Doesn't Know Stantially impairs a Client Doesn't Know	bility to live independently?: Client Refused Data Not Collected chinued and indefinite duration bility to live independently?: Client Refused Data Not Collected HIV/AIDS*